

09/896486

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		7/6/01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	ASm	1081	8/21/01
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>	825	10/15/01

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 " ..... Allowed      I ..... Interference  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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